U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civ., penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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- 400 - 7 4000	
1. File Number U	2. Fiscal Year Covered From:
12263	61/41/2 Through: 22/31/2004
10-147	Alex adi v all v alex alex alex alex alex alex alex alex
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Poter KoRodn	Name Intered Bart prend Vivin of the Post
·	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
P.O. Box, Bidg., Room No., if any	Section of the sectio
Street 10 14 19 Ca CC	Street 31-1 ht Alakara
THE SAFER	
City Spiv Padro	City Design 1
State - Called ZIP Code - 4 SDD 37 E.	State ZIP Code + 4 981-19
5. Position in labor organization.	
- Regional Director Southern CALIFORNIA	
	OF TRUE PRINTERS
	OF THOSE PROPERTY.
Enter appropriate data below if, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests
Enter appropriate data below if, during the past fiscal year, you or your sp	
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, of	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions): denved income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructionu): I derived income or other economic benefit of tion represents or is actively seeking to represent.
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Name of Person Filling Peter Korody.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valustions and of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IBU NATE HEALT REALTH TOUST	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Soite 300	b. Trust . c. Employer
Street 1220 S. W. Morrison St	C. Employer
City PortLand	
State OR ZIP Code + 4 97105 - 71	-1 ⁻
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such cea ing.
Name IBU NATE HODITH ELEGIT TOUTE	Removement for touch
Trade Name, if any:	REIMBURSEMENT for trust MEETIN expenses
P.O. Box, Bldg., Room No., if any	
Street 1220 S.W. M. ARISHA ST	11.b. Approximate dollar value of such dealing.
City Part Lond	12.a. Nature of interest held or income received.
State ZIP Code + 4 97205-222	
	12,b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7
	1
City	
State 21P Code + 4	